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Sex-Role Stereotyping in British Television Advertisements: Manstead and McCulloch a Few Years Later

INTRODUCTION

For social learning theorists, sex-role or gender ⁽¹⁾ behaviour is learnt from observing others in society. Television is a prime means by which children observe the world: watching on average three hours per day or 1000 hours per year between the ages of 4-11 in the UK (Eysenck and Flanagan 2001).

Studies have found a link between the amount of television watched, and gender stereotypical views and behaviour (eg: Frueh and McGhee 1975; Johnston and Ettema 1982; Williams 1986). The nature of the relationship, and the actual effects are disputed (Gunter and McAleer 1990), but this is not the issue that concerns this article.

This article is looking at the content of television output, and, in particular, advertisements. This study is based upon work by Manstead and McCulloch (1981). They were interested in finding out how men and women were portrayed in 170 Granada Television advertisements from July 1979, and whether the portrayal fitted with "the officially sanctioned aim of greater equality of women" (p172).

Their findings, based on the content analysis of the advertisements, were unambiguous: "adult males and females in this sample of British television advertisements were portrayed in markedly and systematically different ways, consistent with traditional sex roles" (Manstead and McCulloch 1981 p178). Table 1 shows the key differences found.

MEN	WOMEN
- have expertise and authority	- consumers of products
- objective and knowledgeable about reasons for buying particular products	- unknowledgeable about reasons for buying particular products
- occupy autonomous roles	- occupy dependent social roles
- concerned with practical consequences of product purchase	- concerned with social consequences of product purchase

Table 1 - Main differences between men and women found in British advertisements by Manstead and McCulloch (1981).

METHOD

Content analysis attempts to sample and analyse messages from the media (Morant and Finlay 2001). This research using content analysis is based around the categories of behaviour as defined in Manstead and McCulloch (1981).

Fifty-seven different television advertisements were randomly selected from two points in time ⁽²⁾ from Central Television. The aim was to see if the findings from 1979 (Manstead and McCulloch 1981) still applied to the early 1990s.

Eight categories of coding were used. There was no inter-rater reliability possible as only one researcher involved. The coding frame applied to each advertisement is detailed below.

1. Central figure

A maximum of two central figures coded in each advertisement: "male", "female", "other" (no human figure).

2. Mode of presentation

Central figures were classed as "voice" (when voice-over only), "visual" (whether speaking or not), or "other" (no voice or visual human figure).

3. Credibility basis

Central figures were coded as "user" of the product, "authority" (giving information about the product), or "other" (neither of above).

4. Role

Different roles of the central figures were divided into "autonomous" (worker, professional, celebrity, interviewer/narrator), "dependent" (spouse, homemaker, boy/girlfriend, sex object), or "other" (none of the above).

5. Location

The location of the central figures was coded as "home", "store", "occupational setting", or "other".

6. Type of argument

Central figures presented arguments for the product - "scientific" (link to factual evidence), "non-scientific" (opinions), or "none" (no arguments offered).

7. Reward type

Manstead and McCulloch coded for eight categories of reward for purchasing the product. Here the eight categories are reduced to "social" (opposite sex approval, family approval, friends' approval, self-

enhancement, social/career advancement), "other" (including practical rewards), or "none".

8. Product type

Manstead and McCulloch's six types of product are reduced to "domestic" (body, home, food), or "other" (auto, sports, other).

FINDINGS

Table 2 shows the findings of this study, and as compared to those of Manstead and McCulloch (1981).

CATEGORY		THIS STUDY		MANSTEAD & McCULLOCH	
		RESULTS	SIG	RESULTS	SIG
1. Central figures					
	male	65%**	0.01*	66%***	0.001**** (df=1)
	female	30		34	
	other	5		-	
2. Mode of presentation					
voice	male	36%	0.001	94%	0.001 (df=1)
	female	7		6	
visual	male	28	41		
	female	22	59		
other		7		-	
3. Credibility basis					
user	male	23%	ns	15%	0.001 (df=1)
	female	23		27	
authority	male	41	0.001	53	
	female	7		5	
other		6		-	
4. Role					
autonomous	male	58%	0.001	60%	0.001 (df=10)
	female	9		9	
dependent	male	8	0.02	7	
	female	25		24	
other		-		-	
5. Location					
home	male	18%	ns	5%	0.001 (df=3)
	female	11		14	
occupational	male	12	ns	2	
	female	4		3	
other/store	male	34	ns	57	
	female	11		19	

CATEGORY		THIS STUDY RESULTS	SIG	MANSTEAD & McCULLOCH RESULTS	SIG
6. Type of argument					
scientific	male	32%	0.001	18%	0.001 (df=2)
	female	7		3	
non-scientific	male	8	ns	35	
	female	12		10	
none	male	25	ns	13	
	female	16		21	

7. Reward type

social	male	25%	0.01	14%	0.001 (df=4)
	female	4		14	
other	male	32	ns	3	
	female	30		3	
none	male	7	ns	49	
	female	2		17	

8. Product type

domestic	male	43%	ns	37%	0.02 (df=3)
	female	33		26	
other	male	23	0.001	27	
	female	1		10	

* "One variable - two categories only" X2 used (2 tailed; df = 1) (Coolican 1990).
 ** All percentages have been rounded to whole numbers.
 *** Percentages for Manstead and McCulloch data calculated from table 8.1 in Gross (1990).
 **** X2 results for Manstead and McCulloch data based on original data not percentages.

Table 2 - Results of coding categories and comparison with Manstead and McCulloch (1981).

Table 3 summarises the main findings of this study for portrayal of males and females in the sample of British television advertisements.

MEN	WOMEN
- central figures more often (65% vs 30%*)	- dependent role (25% vs 8%**)
- voice-over (36% vs 7%***)	
- authority figure (41% vs 7%***)	
- autonomous role (58% vs 7%***)	
- scientific argument for product (32% vs 7%***)	

* significant 0.01; ** 0.02; *** 0.001

Table 3 - Significant differences found in the content analysis.

It seems that the findings about the portrayal of males is similar to Manstead and McCulloch (1981). They are more likely to be presented as the "authority" about the product, in an "autonomous" role, and using the "scientific" argument for the product. But the presentation of women is less stereotyped in the opposite direction: for example, there is no significant difference in women as "user" of the product or using "non-scientific" arguments for the product. Though women do appear in the "dependent" role more often.

The sample of television advertisements used in this study came from the early 1990s, and showed limited changes in gender or sex-role stereotyping compared to 1979. It would be interesting to see the progress by the beginning of the 21st century. In the main, stereotypes are often resistant to change, and there are vested interests that discourage positive change (Brewer 2001; Griffin 1997).

FOOTNOTES

1. The terms "gender" and "sex-role" are often seen as interchangeable. They refer to "behaviours, attitudes, values, beliefs and so on, which a particular society expects from, or considers appropriate to, males and females on the basis of their biological sex" (Gross 1992 pp674-5). These ideas are embodied in stereotypes.

2. The two points in time were 3rd March 1992 and 5th December 1993.

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Kevin Brewer

Article written March 2003

COMPARING QUALITATIVE RESEARCH

Qualitative research can be defined as "the interpretative study of a specified issue or problem in which the researcher is central to the sense that is made" (Banister et al 1994 p2). Immediately there are problems with objectivity according to quantitative or experimental researchers. In the latter type of research, reliability is the extent to which the same results can be repeated.

However, this is not possible (or even desirable) in qualitative research. Attempts are made to overcome these concerns with triangulation. This is basically the use of different vantage points: data triangulation (the same event from different viewers); investigator triangulation (more than one researcher); method triangulation (using different methods to study the same behaviour); or theoretical triangulation (the use of multiple theories to explain behaviour).

The aim of this series of articles is a form of triangulation. It is a comparison of similar research projects: a brief content analysis of popular magazines to show how men and women are socially represented. The magazines used were different, but the parameters of the projects were similar.

Banister, P; Burman, E; Parker, I; Taylor, M & Tindall, C (1994) *Qualitative Methods in Psychology*. Buckingham: Open University Press

No.1 - AN INVESTIGATION OF SOCIAL REPRESENTATIONS OF WOMEN AND MEN IN GENDER TARGETED MAGAZINES - QUANTITATIVE DATA CODING FRAME

INTRODUCTION

This study investigates the topic of gender based on images of both men and women portrayed in the media, from the perspective of social representations theory, and using primarily quantitative content analysis.

Social representations theory is a constructionist theory, which asserts that society is not merely observed by those within it, but is actively constructed. Social representations are one way in which this construction occurs - they offer ways of making sense and taking meaning from the world around us. They aid communication and hence are created, merged and changed through every day interactions.

Potter (1997) specified objectification and anchoring as ways in which new representations can be integrated or taken on board by society. Anchoring can be seen as the attaching of a new representation onto one already known and familiar. Objectification occurs when the new object is turned into something less abstract, such as a picture or image.

Much previous work has been completed on representations of gender. Werneck (1991 quoted in Morant and Finlay 2001) suggested that new images of working women and the rise of advertising directed at men as new consumers reflect changes in the real world - that social representations in the media were presenting these images. While Ferguson's (1993 quoted in Morant and Finlay 2001) study of women's magazines found that although the range of representations had increased, there seemed to be a contradiction of images emerging - woman retained her caring and nurturing family role and yet has also to take on her own self nurture.

Studies of representations of masculinity display similar diversities and problems. Barthel's (1992 quoted in Morant and Finlay 2001) study found a number of representations for men to aspire to, including "corporate man", "sexual man", "family man", and "new man".

METHOD

Two magazines were chosen for this study: "FHM" (For Him Magazine), and "Cosmopolitan". They were picked

deliberately for their similarity - formats, size, and readership age, and presentation (glossy) are very alike. Both issues were dated July 1999.

All visual images of men and women were categorised, including where men and women were together ("both"), and counted for both gender. Each article or advertisement was taken as one unit. This gave a total number of units of women in the magazines as 131 (102 of those in "Cosmo"). Conversely, most of the images of men were to be found in "FHM" - 53 of the 75 images of men.

To obtain approximately 15 units of males and 15 of females, samples were taken at every 9th unit for females and every 5th for males. This gave 15 units for females and 16 for men to study.

Content analysis was used to interpret the sampled material. Predominately quantitative content analysis was employed.

The quantitative analysis used a coding frame consisting of six sections: context, nature of material, stylistic features (encompassing colour, size and image-text balance), purpose of material, action, and image or body. Each unit was allocated a category within every one of the sections of the coding frame.

FINDINGS

1. Context

	COSMO	FHM	TOTAL
UNITS OF MEN	2 (12.5%)	14 (87.5%)	16
UNITS OF WOMEN	13 (87%)	2 (13%)	15

() = % of female and male units

Table 1 - Context of units in the sample.

Table 1 shows that the units of both female and male images are predominantly from their own gender targeted magazines.

2. Nature of the material in each unit

	FEMALE UNITS	MALE UNITS
ADVERTISEMENT	11	8
FASHION	1	2
LIFESTYLE	1	2
SPECIALS	0	1
HEALTH/BEAUTY	1	1
MUSIC/ENTERTAINMENT	0	2
MAGAZINE COVER	1	0
TOTAL	15	16

Table 2 - Nature of the material in the sample.

From table 2, it can be seen that both magazine samples are composed of mostly advertisements. Male units include music/entertainment, which is not apparent in the female sample.

3. Stylistic features

a. Colour

	FEMALE UNITS	MALE UNITS
BLACK/WHITE IMAGES	1	2
ENHANCED COLOUR IMAGES	3	0
NATURAL COLOUR IMAGES		
WITH "THEME" COLOUR		
TEXTS	7	8
BLACK/WHITE IMAGES		
WITH "THEME" COLOUR		
TEXTS	4	4
MIXTURE	0	2
TOTAL	15	16

Table 3 - Use of colour in units in sample.

b. Size

	FEMALE UNITS	MALE UNITS
FULL PAGE	11	6
DOUBLE PAGE SPREAD	1	5
SEVERAL PAGES	3	5
TOTAL	15	16

Table 4 - Size of units in sample.

c. Image-text balance

This category fell into two: headline and image or fifty-fifty visual image and text. Both male and female units showed equal numbers of each category - for headline and image, both counted eight; for fifty-fifty, eight for male and seven for females was counted.

4. Purpose of each unit

	FEMALE UNITS	MALE UNITS
INFORM	2	2
SELL	12	8
EXPERIENCE SHARING		
/PEOPLE	1	5
TITILLATION/FUN	0	1
TOTAL	15	16

Table 5 - Purpose of each unit in the sample.

Again, adverts for selling seem to dominate the sample.

5. Action

This category was divided into three - static, meaningful activity, or non-meaningful activity. Both sets of units showed identical levels of static images - 66.7% in the female units and 68.8% in the male units. In meaningful activity, female units = 20% and male = 25%. In non-meaningful activity, female = 13.3% and male 6.3%.

Both men and women are seen as static, and hence objectified as "perfect images" with no other function but to look good.

6. Image or body parts

Five categories were identified - head only, head and shoulders, top to torso or hips, whole body, images minus head/face.

	FEMALE UNITS	MALE UNITS
HEAD	0	6.25
HEAD AND SHOULDERS	46.7	37.5
TOP TO TORSO/HIPS	13.3	0
WHOLE BODY	33.3	50
MINUS FACE	6.7	6.25

Table 6 - Percentage of image or body parts in the units in the sample.

DISCUSSION

The quantitative content analysis shows limited differences between the male and female units based on "FHM" and "Cosmo". This may be a product of the small sample, or, more likely, that both magazines are aiming at selling consumer and fashion products.

Just using quantitative content analysis is of limited use, as it does not reach the meanings behind the images. It is not as useful as qualitative content analysis in social representations theory. However, it does appear more "objective" than qualitative analysis.

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Elizabeth Williams

Article written July 1999

MINOR DEPRESSIVE DISORDER - ISN'T THAT JUST A TECHNICAL NAME FOR LIFE?

INTRODUCTION

DSM-IV (APA 1994) ⁽¹⁾ contains a number of different categories of mood disorder. One in particular is "Minor Depressive Disorder", which is described simply as a milder version of "Major Depressive Disorder".

"Minor Depressive Disorder" is diagnosed from the presence of between two to five of nine symptoms over a two week period (table 1).

1. Depressed mood most of the day, nearly every day, as indicated by either subjective reports (eg: feels sad or empty) or observation made by others (eg: appears tearful);
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others);
3. Significant weight loss when not dieting or weight gain (eg: a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day;
4. Insomnia or hypersomnia nearly every day;
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down);
6. Fatigue or loss of energy nearly every day;
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick);
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others);
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Table 1 - Symptoms of "Minor Depressive Disorder" (DSM-IV; American Psychiatric Association 1994 pp720-721).

Severe depression, which is captured under the category "Major Depressive Disorder", is a painful and

unpleasant experience, and should never be belittled. But DSM-IV contains a number of other categories of depression, including "Minor Depressive Disorder" - for example, "Adjustment Disorder with Depressed Mood", "Depressive Disorder Not Otherwise Specified", and "Recurrent Brief Depressive Disorder".

The inclusion of "Minor Depressive Disorder" in DSM-IV highlights the desire to increase the categories of mental disorders, and to limit what is normal to an even smaller area.

I have argued elsewhere (Brewer 2001a) that there are "circles of normality" for behaviour that is obligatory/required, desirable, acceptable/permissible, tolerable, and unacceptable.

The central circle for obligatory/required behaviour is small, and much pressure is used to maintain individuals within that circle. It is easier to sell consumer products to individuals in this circle. There are various social controls, like the labels of mental disorders, used to pressurise individuals into the central circle.

There is a concern with the "medicalisation of modern living" or a form of "psychiatric imperialism" (Moncrieff 2000) supported by pharmaceutical companies. Kovel (1981) has called this the growth of the "mental health industry".

I want to argue here that the symptoms of "Minor Depressive Disorder" are in fact "normal" characteristics of life. This is obscured because modern Western society ("consumer capitalism"; Brewer 2001a) creates the myth that everybody should always be happy, and if not buy a product to make you happy. There is no place for any form of sadness, except in specific prescribed situations, like bereavement, or socially sanctioned events, like the loss of major sporting events. Yet feeling sad and unhappy is part of the human condition, and acts as a comparison to make the happy times so. Always being happy and feeling good can be boring.

Moncrieff (2000) expands:

Variation in mood is a characteristically human way of responding to circumstances but unhappiness has become taboo in the late 20th century, perhaps because it undermines the image that society wishes to project...At the same time it diverts attention away from the political and environmental factors that can make modern life so difficult and distressing. It may be no co-incidence that the concept of depression has reached its present peak of popularity in western societies reeling from two decades of economic events and political policies which have been blamed for increased unemployment and marginalisation of a substantial section of

the population (p25).

All of this puts pressure on people not to be different. Peter Kramer, a great advocate of the use of Prozac, talks about a condition called "rejection-sensitivity" (the fear that events will produce sensations of loss or inadequacy). One scenario for this condition could be a young person who has never had a romantic relationship by the "usual age" (Brewer 1999). "You must do this behaviour in this way or else there is something wrong" is being said here.

Kramer (1993) is determined to remove, with Prozac, "chronic low-level unhappiness or recurrent minor periods of demoralization" (p125).

James (1997) notes how the increasing material wealth in the second half of the 20th century has led to an increase in unhappiness and dissatisfaction. In a way, "Minor Depressive Disorder" is a label for this manifestation.

SYMPTOMS OF MINOR DEPRESSIVE DISORDER

1. "Depressed mood"

DSM-IV suggests the use of subjective reports of feeling sad or empty as one way of diagnosing "Minor Depressive Disorder". Subjective reports of such feelings exist in the social context that says: "you must be happy".

In fact, feelings of emptiness may be a sign of facing the reality of life, and they are a trigger to encourage the individual to change their lives. Modern society is fairly alienating.

Hewitt (2001) talks of "commercial fascism", which produces the belief that "we want affluence, that it is a factor of our health, that without luxurious standards of living we will somehow become sick" (p25). Furthermore, he says, "we are slaves to the social machine". This is all enough to make anyone feel depressed. And what is wrong with such a reaction to such a situation?

2. "Diminished interest"

The assumption is that individuals will not have times of loss of interests and in pleasure. In a hedonistic society, with the emphasis on pleasure, such reaction to pleasure is a heresy. But the pleasures on offer are mainly superficial and short term, and a loss of interest here is not that surprising.

Pauline Bradley (2000) talks of her experiences of involvement in the Liverpool Dockers Dispute in the 1990s as "better than Prozac". She reports the liberation of

the involvement in such a life-affirming event: "a struggle for human dignity, for the right to show to humanity/solidarity to other humans and not to be controlled simply by the needs of the capitalist system" (p23). Where there is meaningfulness, there is usually not diminished interest.

3. "Appetite/weight change"

The preoccupation with body weight and body image is a characteristic of modern society. The continual presentation in the media of thin bodies makes the physical form a major concern. Thus food is no longer about fulfilling biological needs for survival.

4. "Sleep changes"

What is a normal amount of sleep in a "24 hour society" with the pressure to do everything?

5. "Psychomotor changes"

I am not sure how this can be measured other than as a subjective judgment by the observer.

6. "Fatigue"

The media is full of advertisements about tablets or drinks to give the individual energy to overcome fatigue. Fatigue is portrayed as a weakness rather than as a signal from the body to rest. Often increasing fatigue is a symptom of the body's physical reaction to stress. Rather than ignore the signs, it is better to try to change the stressor. Such behaviour is not a weakness as is often portrayed in the media (for example, leaving a stressful job to move to the country).

7. "Worthlessness and guilt"

Modern society is an assault on the self-esteem. Individuals are only valuable if they are doing the "normal" things in society, and failing to do this behaviour leads to guilt. The phrase "loser" is one of the biggest insults because such a person is not a "winner". Such a person has failed. They should feel guilty!

8. "Indecision"

Individuals can feel that they are indecisive because of the pressure to be a "winner", or a "go-getter", who knows what they want and make the decisions to get there without distractions. Such individuals are ruthlessly ambitious. Is that such a good characteristic to have? Gottschalk (2000) sees "sociopathic" characteristics as sadly being desirable in modern society (like caring for only the self).

9. "Thoughts of death"

The suggestion that individuals may consider suicide is a failure of the perfect system of consumer capitalism. Part of being authentic is to face the inevitable ending of life, and not to make every effort to avoid such thoughts as is the norm in modern society, including the false sense of permanence, or ignore it: "staving off the awareness of eventual death by involvement in a continuous round of projects and activities. As each one is completed so a new one is taken up in its place" (Stevens 1996 p191).

NORMALITY IN MODERN SOCIETY

The concept of normality in modern society is synonymous with health or healthy. This has led to the growth in health-promotion activities, both physical and mental health. This can have benefits, but it can also lead to the drive for perfection: "100% Health and Perfect Health" (Linnett 2000).

Yet it is not a simple dichotomy of healthy/unhealthy or normal/abnormal. Linnett (2000) points out examples of "unhealthy" aspects of UK society which are perceived as "normal":

- the inequalities of wealth, from subsistence of State benefits to the lottery winners receiving millions of "unearned pounds";
- the wide availability of two of the most dangerous drugs: nicotine and alcohol;
- "the punishingly long hours in jobs that often lead to burnout";
- advertisements for cars which glamorise speed, when many are killed and injured by high speed car crashes each year.

A numbers of writers have painted a depressing picture of modern Western society (or "post-modern society", as some call it). Such that "insanity" can be

seen as a "normal" response (Brewer 2001b) or even a "healthy" one. Gergen (2000), for example, sees individuals as saturated by media and conflicting information, by many and varied roles, and characterised by "throwaway relationships".

For Gottschalk (2000), modern society is a "landscape of low-level fear" and paranoia with stories of "permanent catastrophe, random brutality, and constant dissatisfaction" (p37).

It may be, at the end of the day, that "Minor Depressive Disorder" is just a technical name for life.

FOOTNOTE

1. DSM-IV is the classification of mental illnesses produced by the American Psychiatric Association.

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Kevin Brewer

Article written May 2003

The Charting of the Pathway to an Early Death: From Escape Route to Authenticity

A study of the existential issues faced and fought by a close friend as she progressed from health to her death of a brain tumour.

We had many discussions during the course of L's life. Those that we had prior to, following diagnosis, and then acceptance that she was facing death are charted here, from an existential psychological perspective (Stevens 1996).

Prior to illness, L's existential discussion with myself, as a student of psychology at the time, her lodger and friend, focused upon a profound and deeply rooted fear of freedom. She had no idea of what to choose for her life, or her daughter's.

Occasionally she would reflect upon this and blame the choices and responsibility for her often impulsive and damaging behaviour upon the shoulders of others. Her escape routes were almost always what Yalom (1980) described as "defences against autonomy": "it is my parent's fault I am the way I am"; "I don't know what to do with my daughter when she behaves like this - you sort her out".

She was often found running up debt to escape within Fromm's (1960) route - fashion dictated how she dressed, wore her hair and even dressed her daughter as a bizarre fashion accessory.

Groundless and escaping by every route, my friend sounds like a monster. She wasn't of course, and many commented on her exceptional "joie de vivre", when out at a social event.

Two weeks before her diagnosis she had booked appointments to have hair extensions and extensive surgery upon her teeth - a feature she had been unhappy with since childhood. She described these changes to me as her present to herself, to finally rid herself of the demons of an ugly and depressing childhood. She felt certain she would be happier with longer hair and perfect teeth (never mind the very imperfect debt that would follow!), and she was determined not to get old and scrawny.

Time had other ideas. Time, for L, had only ever been marked in her daughter's birthdays, and her horror at the deterioration of her looks as she aged. Time was an enemy to be faced with surgery and creams. The profound conflict for L was not that she was moving towards non-being, but that she would become invisible to people if her looks deteriorated.

The diagnosis of cancer could not have come to anyone less prepared for it, in spite of being an experienced nurse. A pattern ensued. L raged and angered against whoever had given her cancer, had chosen her path. Impotent and sudden bursts of rage at the senselessness of the path she did not choose for herself.

Then she fought it. She erected swift and simple barriers to facing the path. Any scrap of hope was grasped firmly and with overwhelming ferocity. Quack doctors and remedies were tried: hypnotherapy tapes, massages, healers, support groups. Every single case where a patient had triumphed over their diagnosis and lived, no matter how rare, was championed and internalised - "this will be me, I will be the one in 10,000 that escapes this fate".

One doctor was quickly rejected when he suggested she purify her system by avoiding alcohol and giving up smoking. She kept careful control of her own medication - steroids - to avoid putting on weight, trusting that she had a future to remain beautiful and visible for.

The pain kicked in. And we noticed the lack of sleep from weird patterns of self-medication. We gently fought her for control of this. She put weight on, drank heavily; had several strokes and lost her dignity. She learned helplessness. Her once very carefully manipulated private life became public. She needed help - to bathe, go to the toilet, and sometimes smoke a cigarette.

The fight went out of her and a quiet calm descended around the routine of caring for our dementing and helpless friend. She seemed to forget that ten tubs of ice cream a day would make her put on weight. She stopped applying heavy make-up. But she demanded certain people to shower her and help her dress - those that quietly and calmly supported her to wash herself hand on hand, not those efficient nurses who scrubbed and spoke in cheery tones at her whilst they stripped away her skin and dignity.

I am not sure when the moment came that spurred her back into action. Perhaps it came as we supported her to write her will. But she seemed to enter into a period of wisdom, as defined by Erikson (1980) as "the detached yet active concern with life itself in the face of death itself". From the interplay of opposing feelings of "ego integrity" (ibid) and despair, she transcended to the virtue of wisdom. She accepted what she was and who she had been. She accepted responsibility for many of the things she had done, both good and bad.

She spoke eloquently of her achievements and disappointments in her life, of the value she had learned

that her friends and her daughter meant to her. She mended, or attempted to mend relationships, contacting ex-lovers to apologise and spending long periods contemplating how best to phrase her final speech to her parents.

She wanted to be both realistic and honest in her final discussion with them, acknowledging her love for them but explaining their role in her previous difficult life. She wanted to know how we would all change our lives as a result of being confronted by our peer and friend's death. She became mindful of being (Heidegger 1962) and changed, for a short time, the way she lived her life.

Sea change in ten weeks. We are still asking ourselves what impact the death of our friend and peer has had upon our lives. I have no doubt we will ask ourselves that question for the rest of our own lives.

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PSYCHOLOGISTS ARE BECOMING LESS INTERESTED IN STUDYING ANIMALS

The history of psychology in the twentieth century is based upon lab experiments with animals. For many years in the middle of the century, the study of learning in rats and pigeons dominated psychological research. This is all that psychologists, like B.F. Skinner, did.

During the last quarter of the twentieth century, attitudes have changed in psychology, and the use of animals for research has declined. A quick glance at the figures in table 1, for psychological research in the UK, show this change between 1977 and 1989.

	1977	1989
TOTAL NUMBER OF ANIMALS USED	43 196	13 286
Those deprived of food/water	8980	4116
Those given electric shocks	3929	490
Those given drugs	6851	4648
Those involved in surgery	4761	1503
Most commonly used - rats	35 560	10 772

(Source: Thomas and Blackman 1991)

Table 1 - The numbers of animals used in psychological research in 1977 and 1989.

What is interesting in psychology is to explain behaviour, and, in this case, why are psychologists less interested in using animals in their research? There are a number of possible reasons:

1. Developments in technology that make the study of humans easier.

This includes the development in neuroimaging or brain scans, which allows researchers to see the active brain. It is possible to see how the human brain responds to a particular drug, for example, as it happens.

Also there is the development in knowledge about genetics from the Human Genome Project. However, saying that, this knowledge is sometimes used to selectively breed animals or to do transgenic studies (the introduction of human genes into animals).

2. The realisation that animal models are not necessarily accurate for human behaviour.

For many years, the idea dominated psychology that the principles by which rats learnt mazes were the principles by which humans learnt any behaviour. With the growth of cognitive learning (that involves focusing on thought processes), it is clear that humans learn in different ways. Human social behaviour also is very different to animal behaviour in experiments.

3. The availability of alternatives to animal research.

Again the development in technology has led to computer modelling of the brain and behaviour. These models can be compared to naturally occurring brain injury in, for example, stroke patients. Together these methods give a much better picture of how parts of the brain work than by destroying rats' brains.

4. Finally, and just as important is the changing attitudes of younger people against the use of animals.

As a teacher of psychology, I find now a unanimous unhappiness with animal research. These students are becoming (and will become) the future psychological researchers.

Attitudes among psychologists generally are changing slowly. For example, in a survey of over four thousand American psychologists in 1996 (Plous 1996), only 31% "strongly supported" animal research in psychology, but 49% did "support" it. Only a small minority (6%) wanted to see increased funding of such research as opposed to 29% wanting reduced funding.

Among psychology PhD students, in the same survey, 20% strongly supported animal research compared to 50% pre-1970.

But even where there is support for animal research, the type of research that is acceptable has changed. The vast majority of American psychologists supported the observation of animals, often in their natural habitat (96% support for primates; 87% for rats) compared to a small number accepting the infliction of pain and death in experiments (18% support for primates; 34% for rats).

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